

| CLAIMS ONLY | | | | | | Application Number 101732858 | Filing Date | |
|---|----------|--------|-----------------------|--------|------------------------|---------------------------------|--------------|--------|
| | | | | | | Applicant(s) | | |
| * May be used for additional claims or amendments | | | | | | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | Indep | Depend |
| | Indep | Depend | Indep | Depend | Indep | Depend | | |
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| 20 | 1 | | | | | | 70 | |
| 21 | 1 | | | | | | 71 | |
| 22 | 1 | | | | | | 72 | |
| 23 | 1 | | | | | | 73 | |
| 24 | 1 | | | | | | 74 | |
| 25 | 1 | | | | | | 75 | |
| 26 | 1 | | | | | | 76 | |
| 27 | 1 | | | | | | 77 | |
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| 50 | | | | | | | 100 | |
| Total Indep | 9 | | | | | | Total Indep | |
| Total Depend | 0 | | | | | | Total Depend | |
| Total Claims | 9 | | | | | | Total Claims | |